NATIONAL Assessment Centre	Services	(weth Janise)	MNA 117170	278		-
Date in: 28 [12 117 11:12	Job description		Date & Time Co	mpleted	Done	by
Res No MAI MSG 17024565 144	SAS e-filing					
Veh No SKU 6407 E	E-mail (within	Shrs, AIC 2hrs)				
D.O.A 27 [12] 17 19110	i-Motor Clai	m Form				
	i-Motor W/C	(Within OD 2hr	n TP 4hrs)			· ·
OD (19) Reporting Only	i-Photo Uplo	aded				
TP Insurer	Assessment/St	irvey Report				
1 E shipurers	Ass't Report b	y Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 5	JM 5616 D	INC ()/Non-INC	()		
Owner / Driver: (Tel:)	
Policy No. () Peri	od: ()	Cover Type: ()	20200000
Confirmed by : (Date:	Time)	
	ote-Est Status (\	VO): N: 0-2	.0%; P: 21-79%	F: 80-1009	/o]	
	arranty: YES ()/NO()			
	0 () / \$2,000	()				-
General Remarks:-						
() Walk-In Customer: Customer's inform	mation strictly Co	nfidential & St	trictly NO refer of	repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.		*			
Drive-In () / Towed-In (); Invoice:	YES () / 1	NO () ; T	Towing Co. (74)
Remarks:- (INC horline: 6788 6616)			Date&Time Co	mule*ad	Done	hy
1) Apply for Transport Allowance ()/Co	ourtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()				
Injury :						
Injury:						
Date/Time Actions					Signature.	
					3.17-13-13-13-13-13-13-13-13-13-13-13-13-13-	
	3					
N/A	11708032	Invoice Pro	eparation Check	list	Ant (\$) Ist Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1140 8032	1) AR : Acciden			30.00	
	116 7	2) DA : Damage 3) TF : Towing	e Assessment (\$100); Fee	INC (\$80) \$40/\$4:	5	
Priver/Owner:		4) FT : Fellow-	Through Survey	\$120 rveV) \$30		
Contact No:		and the second s	Through Survey (Resu against INC Only (we	CARL COLORS OF TAXABLE PARTY.		
amaged Portion:		6) TR : Re-insp	ection L+SMRI Survey	57: \$160		
		8) NTUC Addit	The second section is a second section of the second section in the second section is a second section of the section of the second section of the s	2.0		
C Checked by (Engr-In-Charge):		OD* *N5: Courtes	sy Car / Tpt Allowance	5	5	
		*No: Repair	Co-ordination	31	0	
Auditors' Comments :-			pair Inspection offect Excess Coordina	\$2. tion \$1		
at. 1:	120-10-10-10	TP (NII): T	P (N-n INC) against I	VC \$2		bure.
at. 2/3		9) N12: Idac M. Invoice dated	market of a female of the second	3) Tee Charged	I	
Willes of Courts of		Javoice dates		au Charend	BEST TIME	-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	28/12/2017 11:12
Date Of Accident	27/12/2017 19:10
Exact Location Of Accident	JUNC OF BT TIMAH & BALMORAL RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU6407E
Insured/Policyholder	
Name Of Registered Owner	SIM MENG HUAT
NRIC No	S1220219I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98223684
Alternative Phone No	OFFICE-98223684
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80436322 ATT
Cover Note Number	
Driver	
Name of Driver	SIM MENG HUAT
NRIC No	S1220219I
Date Of Birth	10/12/1955
Occupation	INDOOR
Date Of Driving Pass	29/03/1976
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98223684
Fax Number	
	OFFICE-98223684

NOEMAIL

Address

BLK 223 YISHUN ST 21 #08-463

Postcode

760223

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

NO

Was the accident reported to the police? If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJM5616D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

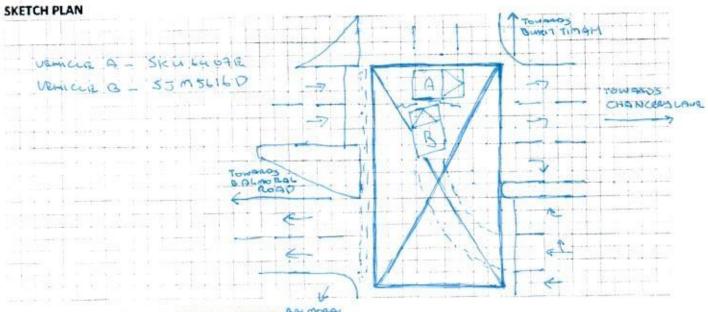
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT BALMORAL

I WAS TO	LAVELLING ALONG BALMORAL ROAD, ON THIS ENTREME LIEFT
	words chancely lane.
	WIND STRANGAT AMEGO, AND SHOWING GMEN LIGHT ON
	OF BLINTTIMAN BALMORAL ROAD) I PROCEED TO CARRY ON
AMEDO W	THICE EROSAND THE JUNCTION I NOTICED A VEHICUE FORM
	MAN DIRECTION, I START TO HARN BY HIGH BERMINE AND
HARCENA	on my horn. Nevertheless while I was have was
	THE JUNUTION I FELT A IMPACT FROM THIS RIGHT SIDE
) from my various and hidused the various was courded
	DEL CHANGED PARTICULARS.
VAFIC	e A - SKN 6407E
venice	12 B - SIM 5616P

-	_	-		D	A	TI	0	A
υ	c		LA	n.	m		u	1.4

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ehicle No.	SIGN 6407E Model / Make TO SIOTA ALTOS
ate of Accident	27/12/17
ime of Accident	HRS HRS
ocation of Accident	BALMORAL ROAD TOWARDS CHANCERS LAND (BUNIT TIMAH / BALMORAL
xact purpose use during accid	dent Private use
Name of Owner	Sim manh Hugy
elephone No.	H/P: 9822 3684 Home: Office:
VRIC	5(2202191
Address	BUK 223 GISHUN ST 21 # 09-463 S(760223)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	M 514
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	A 80436322 ATT
oney ivo.	
Name of Driver	As Above If No,
NRIC OF DITVEL	Any Passengers: NIL
Date of birth	10 DEC 1955
Occupation	Outdoor / Indoor
Driving License Pass Date	29 MAR 1976
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
	No, If yes, Reg No.
Driver have any own vehicle	Employee, If no, state
Relationship	Clear Raining Other
Weather condition	Dry Wet Other
Road Surface	
Any Injuries Name And Contact No.	No, If Yes, Who?
Name And Contact No.	No, If Yes, Where?
Police Report	SIM 56160 Any Passengers :
Vehicle B No.	Contact No.:
Name of Driver	Any Passengers :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Witness Contact :
Witness Name	
Accident Portion	RIGHT SIDE OF VEHICUE
Camera Recorder	Yes / No
Email Address	
Email Address	
PARTICULAR WORKSHOP	THINKAR AMOMOTIVE PTE CED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Tan
FAX NO	6741 0510

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$12202191



SIM MENG HUAT

沈明發

CHINESE

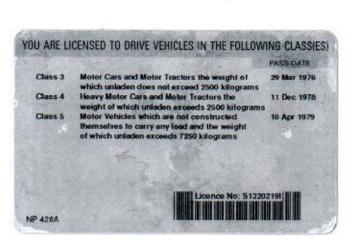
10-12-1955

SINGAPORE











MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 069807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

1996 EDITION (REPUBLIC OF SINGAPORE)

Form M.X.1 Individual Ownership Toyota DriveElite Comprehensive

Certificate No. A 80436322 ATT

Excess: SGD500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Sim Meng Huat

Effective Date of the Commencement of Insurance for the purposes of the Act 06/08/2017

4. Date of Expiry of Insurance

05/08/2018

5. Persons or Classes of Persons entitled to drive*

Sim Meng Huat

Sim Pei Wen

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer